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ABSTRACT

This report is a result of a study of the state's physician manpower by representatives of the fields of medical education and professional practice in Georgia. Contents include introduction and principal findings, recommendations, and analysis of present supply of physicians and other data. Recommendations suggest improvement of the utilization of existing physicians; increasing medical school enrollments; and attracting, retaining, and allocating physician manpower. Appendices include statistical data. (Author/MJM)

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TASK FORCE:

PHYSICIAN MANPOWER IN GEORGIA

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GEORGIA OFFICE OF COMPREHENSIVE HEALTH PLANNING

GEORGIA DEPARTMENT OF PUBLIC HEALTH

1969

1280 WEST PEACHTREE STREET
ATLANTA, GEORGIA 30309

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PHYSICIAN MANPOWER IN GEORGIA

Report of the Task Force for Physician Manpower to the Georgia Comprehensive Health Planning Council

Compiled by the

OFFICE OF COMPREHENSIVE HEALTH PLANNING
GEORGIA DEPARTMENT OF PUBLIC HEALTH

1969

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Office of Comprehensive Health Planning

1280 West Peachtree Street
Atlanta, Georgia 30309
Area Code 404 688-4033

September 17, 1969

John H. Venable, M. D., Director
Georgia Department of Public Health
47 Trinity Avenue, S. W.
Atlanta, Georgia 30334

Dear Dr. Venable:

On behalf of the Georgia Comprehensive Health Planning Council, it gives me great pleasure to transmit to you the excellent report of the Task Force for Physician Manpower. As you know, this Task Force was appointed by me at the Council's request to assess the physician situation in Georgia and to make recommendations for improving it. The Task Force was chaired by Dr. William W. Moore, a practicing neurosurgeon in Atlanta.

The Council wishes to make known to you its full endorsement of the report, particularly the recommendations for making better use of present physicians, increasing medical school enrollments, and attracting and retaining physicians in Georgia. Please be assured that the Council will continue to be concerned by offering advice on the implementation of the Task Force's recommendations.

Sincerely,

Thomas J. Anderson, M. D., Chairman
Georgia Comprehensive Health Planning Council

WILLIAM W. MOORE, JR., M. D.
GEORGE B. CRISP, JR., M. D.
616 STRICKLER BUILDING
1293 PEACHTREE ST., N. E.
ATLANTA, GEORGIA 30309

TELEPHONE 892-8505

NEUROLOGICAL SURGERY

July 11, 1969

Dr. Thomas J. Anderson, Chairman
Georgia Comprehensive Health Planning Council
1280 West Peachtree St., N.E.
Atlanta, Georgia 30309

Dear Dr. Anderson:

At what I presume will be our final meeting on Wednesday, July 9, 1969, the Physician Manpower Task Force Subcommittee has approved and is forwarding to you and the Comprehensive Health Planning Council the Task Force report which is enclosed.

The Committee would like to express its appreciation for the work done by the staff of the Office of Comprehensive Health Planning in the preparation of this report.

With kindest personal regards, I remain

Sincerely,

William W. Moore, Jr., M.D.
Chairman, Physician Manpower
Task Force

WWM:pm

PREFACE

This report is a result of a study of the state's physician manpower by representatives of the fields of medical education and professional practice in Georgia.

The Task Force for Physician Manpower was formed early in 1968 on the recommendation of the Health Manpower Committee of the Georgia Comprehensive Health Planning Council, which is charged with the ongoing responsibility for identifying health problems and setting health priorities for Georgia.

A study of physician manpower was deemed necessary because of the medical profession's central role in making comprehensive health care available to all people of Georgia. It is also one of the major health professions in the state which has not been the subject of recent study. In 1965 the Georgia Dental Association and the State of Georgia cooperated in a study of dental manpower. The Georgia Educational Improvement Council just completed a study of nursing education in the state, and a survey of nursing homes personnel was made in 1968 by the Institute of Community and Area Development and the School of Social Work at the University of Georgia.

Because the Health Manpower Committee felt that the Task Force should be broadly representative of the medical profession as well as the public interest in the state, it recommended that the group be composed in the following manner:

three representatives of the Medical Association of Georgia,
one representative of the Georgia State Medical Association,
one representative of the Emory University School of Medicine,
one representative of the Medical College of Georgia,
one representative of the University System of Georgia,
two members-at-large.

The Task Force met five times following its appointment and gave careful consideration to the state's physician manpower situation. It studied data gathered by the Office of Comprehensive Health Planning from such sources as the American Medical Association, U. S. Public Health Service, Georgia Department of Public Health, Emory University School of Medicine, and Medical College of Georgia.

Findings developed from these data and critical factors elicited by the Task Force received extensive discussion in and out of Task Force meetings. These major elements and the recommendations of the Task Force comprise the main thrust of this report.

TASK FORCE FOR PHYSICIAN MANPOWER

William W. Moore, Jr., M.D., Task Force Chairman
Medical Association of Georgia

Louis C. Brown, M.D.
Georgia State Medical Association

H. Harper Butterworth, Jr., M.D.
Medical Association of Georgia

Harry B. O'Rear, M.D., President
Medical College of Georgia

J. W. Pinkston, Jr., Administrator
Grady Memorial Hospital

Arthur P. Richardson, M.D., Dean
Emory University School of Medicine

George L. Simpson, Jr., Ph.D., Chancellor
University System of Georgia

Joseph S. Wilson, M.D.
Medical Association of Georgia

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I.

INTRODUCTION AND PRINCIPAL FINDINGS

The physician shortage is one of several important aspects of a growing national health care crisis. Some obvious indicators of this crisis are the uneven distribution of physicians and physician directed services, long delays to see physicians for routine care, lengthy waiting periods followed by hurried and sometimes impersonal attention, and rising costs of health care. [1]

Despite greater numbers of health workers and medical facilities than ever before, widespread discontent with the costs and unavailability of professional health services has grown in recent years. This is far more than a "numbers" problem, as the rate of increase in the number of physicians has exceeded the rate of increase in population. In fact, demand for medical services has increased dramatically, as awareness of the importance of preventive and curative care becomes more widespread.

Efforts to increase the total supply of physicians must be accompanied by improvements in the utilization of physicians. In addition, due recognition must also be given to the demand side of the problem, for successful efforts to expand the supply of medical care providers and to improve their utilization could still be overwhelmed by a continued snowballing of demand for health care.

Georgia's economic base is shifting rapidly from agricultural activity to industrial and non-farm enterprises. Population figures show more Georgians are moving, with the employment opportunities, to the cities, and that the proportionate age composition of the populace is changing to include greater numbers of the very young and the very old.

Georgia's general economic situation compares favorably with other southeastern states, in many cases setting the pace for the region. In 1967, Georgia ranked 39th among the 50 states for per capita personal income, but over a 20-year period, Georgia's rate of per capita income growth exceeded that of 24 states.

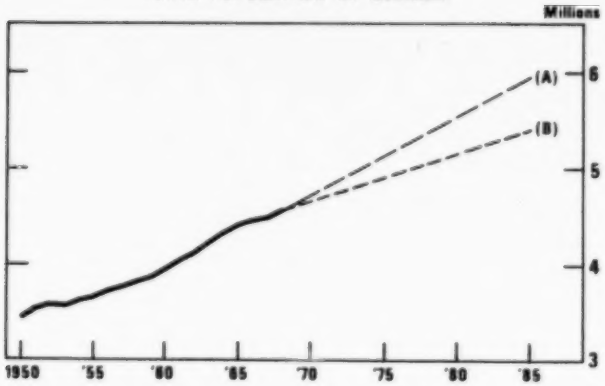
Georgia's population, which has recently increased at a faster rate than that of the nation as a whole, is expected to continue its growth, reaching a level of almost five million people by 1975. The 1968 population estimated by the Bureau of the Census was 4,568,000 (Figure 1).

The physician shortage is evident in Georgia as well as in the nation. And, as in the rest of the country, the manpower shortage is becoming more critical even while the state experiences rapid economic growth and its citizens become more affluent.

[1] *Report of the National Advisory Commission on Health Manpower, Vol. 1, November 1967*

Figure 1

TOTAL POPULATION OF GEORGIA



A&B: Projections by Dept. of Commerce, Bureau of Census

NON-FEDERAL PHYSICIANS IN GEORGIA

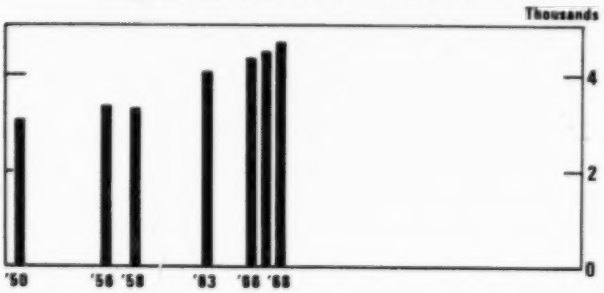
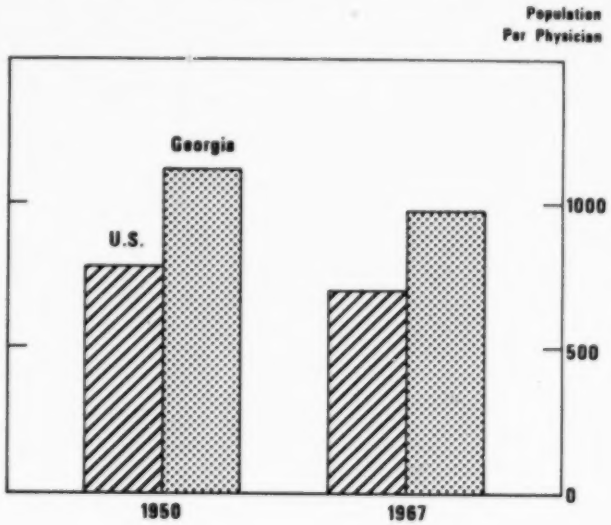


Figure 2

CIVILIAN POPULATION PER NON-FEDERAL PHYSICIAN



Expanding at a rate faster than the population, Georgia's supply of non-federal physicians[2] numbered 4,636 in 1968. Although this gain during recent years has resulted in a slightly improved ratio of population per physician for the state, the Georgia physician still has a considerably larger proportion of the population to serve than does the average physician throughout the nation. (See Figure 2.)

Subsequent gains in reducing the population per physician ratio will be dependent upon Georgia's ability to continue producing physicians, or to attract them from outside the state, at a pace faster than its population growth. Currently the two medical schools in Georgia have a total enrollment of 685 students. Of these, 186 students were enrolled in the first year class.

Present plans for increasing the capacity of student enrollments for the next several years in Georgia medical schools are primarily centered around the Medical College of Georgia. From 1967 through 1974, The

TABLE I: 1968 MEDICAL STUDENT ENROLLMENTS OF GEORGIA MEDICAL SCHOOLS

	Class				Total
	1	2	3	4	
Emory University School of Medicine	82	70	77	64	293
Medical College of Georgia	104	99	98	91	392
TOTAL	**186**	**169**	**175**	**155**	**685**

[2]*Excludes physicians employed by the U.S. Public Health Service, the Veteran's Administration and the Armed Forces.*

Medical College of Georgia projects an increase in enrollments to a total of about 550 medical students. This growth represents a 43 percent increase for this seven-year period. The Emory University School of Medicine similarly plans a 20 percent expansion of its enrollment capacity by 1975 contingent upon the availability of funds.

Similarly, current plans for increasing medical school enrollments in the five neighboring states were generally more significant in the state supported schools. As in Georgia, the admissions policies of the state schools generally favor those applicants who are residents of the state, while the private schools have few restrictive rules concerning the admission of out-of-state medical students. (See Page 40).

Equally important as the number of physicians produced in the state is the state's ability to retain them. Currently, half of Georgia's 5,247 physicians are graduates of Georgia medical schools. Moreover, half of the nearly 3,000 physicians who have graduated from the two medical schools over the past 20 years are currently residing in the state. Under present projected expansion of medical school enrollments in the state, 1,200 to 1,250 students might be expected to graduate between now and 1975. Assuming that the rate of retention will remain approximately the same as in recent years, it could be anticipated that, even taking military obligations into consideration, 600-650 physicians would be added to the supply by 1975.

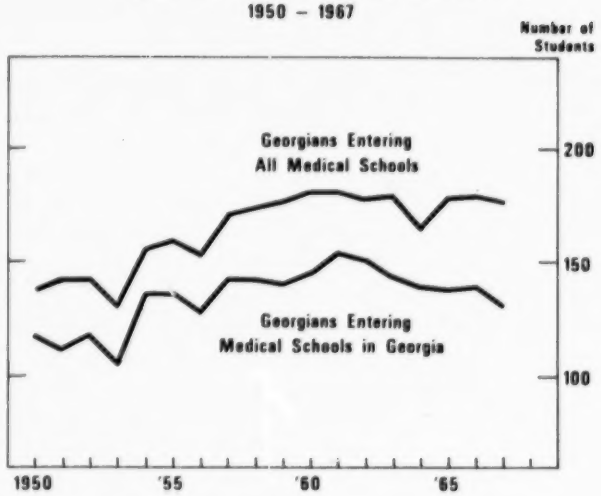
Special efforts, such as the State Medical Education Board's student loan program, help retain physicians in the state. Under this program, in return for financial assistance while in medical school, the physician agrees to practice for a specified period in a rural area. Many of these physicians remain in the same area after the terms of their agreements have been fulfilled.

The number of Georgians entering *all* medical schools increased irregularly during the period 1950-1960 before generally leveling off. This stabilization is contrasted to Georgia's increasing population as depicted in Figure 1. Moreover, Georgians beginning their medical training in Georgia medical schools paralleled this upward trend through 1961 when it peaked and began a gradual downward movement.

Two observations that can be made from these data for recent years are: 1) in relation to population, fewer Georgians have been entering all medical schools; 2) more Georgians are beginning their medical training in out-of-state medical schools.

Figure 3

GEORGIANS ENTERING MEDICAL SCHOOL
1950 – 1967



Sometimes comparisons are helpful when attempting to gauge the progress being made in a particular direction. For example, Tennessee averaged nearly 490,000 *less* population per year than did Georgia during the years 1960 to 1967. But during the same period, Tennessee averaged 5.0 persons per 100,000 population entering all medical schools while Georgia averaged 4.2 persons. The rate at which Tennesseans have entered all medical schools has been almost 20 percent greater than for Georgians. Moreover, Georgia's projected rate of population growth through 1985 exceeds that of Tennessee.

Another important aspect concerns the rate at which Georgians applied and were admitted to medical school. In 1967-1969, approximately 1,100 Georgians[3] applied for admission to the entering class of the state's only public school of medicine, the Medical College of Georgia at Augusta. Of these,

[3]A resident of Georgia is defined by the Regents University System of Georgia as a person who has been residing in Georgia for at least 12 months prior to registration, or a legal minor dependent of a parent or guardian who has lived in Georgia for 12 months.

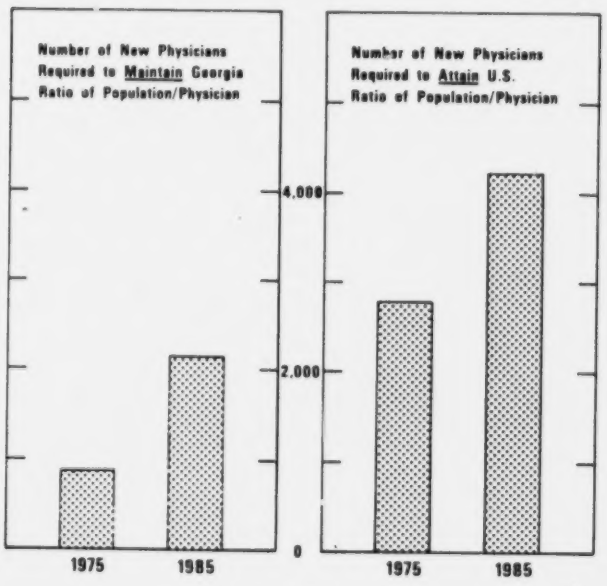
slightly over 300 students, or about 100 each year, were admitted. Present facilities do not permit acceptance of all qualified applicants from Georgia.

The need to expand the supply of physicians beyond current numbers is evident. However, the additional number necessary is difficult to determine. An adequate estimate may not be possible until significant improvements are made in the ways physicians are utilized.

As alluded to earlier, Georgia's present ratio of population per physician compares unfavorably with the national ratio and with the ratios of two of her five neighboring states, Florida and Tennessee. To reach the current national average of population per physician, Georgia would need at the present time about 1,700 additional physicians.

In order to maintain the state's present relationship of population and physicians by 1975, Georgia must add an estimated 900 new physicians to its supply in the next six or seven years.

Figure 4



If Georgia were to reach the *1967* national ratio of population per physician by 1975, it would require about 2,800 additional physicians, and by 1985, approximately 4,200 more physicians. These estimates are based on anticipated population growth and estimated mortality ratios among physicians.

It is a generally accepted fact that for a number of reasons physicians, as do other professional people, tend to be drawn more to areas of large population concentrations. In light of this and because it is expected that Georgia's 1960 population will increase by over 30 percent by 1975, it is important to view where this projected growth will be occurring.

In 1960, about 45 percent of the state's population growth was concentrated in the 12 counties which comprise Georgia's six Standard Metropolitan Statistical Areas (see map, page 25). By 1975, about 2,650,000 people, or half of the state's citizens, are expected to reside in these 12 counties. Of the state's total projected increase from 1960-1975, these 12 counties will experience two-thirds of the gain. The anticipated growth in the Atlanta SMSA alone will account for almost 45 percent of the state's total increase.

The remaining 33 percent of the expected population increase from 1960 to 1975 will be distributed over the non-metropolitan counties with some counties experiencing a decline in population.

Problems associated with the uneven distribution of physician care services can be expected to persist in the future with a continued general polarization of the population and physicians to large urban centers. Such problems, unless significant changes occur, will continue to be acutely felt by the disadvantaged and the isolated.

In conclusion, this report only touches on certain aspects of the physician situation in Georgia. It is hoped, however, that the need for ongoing study and immediate and long range planning will be recognized. With such action, solutions to problems will be slow but without such action there may be no solutions.

II.

RECOMMENDATIONS

These recommendations are made to focus appropriate attention on the need to assure all Georgians greater availability of professional medical care in the years that lie ahead. It is hoped that the Comprehensive Health Planning Council will take the initiative in suggesting means by which all or part of the recommendations may be implemented by appropriate agencies and organizations.

IMPROVING THE UTILIZATION OF EXISTING PHYSICIANS

1. A series of purposeful forums should be held at the state and local levels to examine specific, proven measures for making the best use of physicians' time, and to encourage adoption by physicians of those measures deemed suitable and productive. Such forums should be organized by and for persons knowledgeable in actual conditions of medical practice and administrative management and should focus on:

(a) considering additional areas of practice that could properly become physician-directed instead of physician-performed. For example, what duties of a routine and time-consuming nature, now performed wholly or in part by physicians, can safely be delegated to each of several existing types of properly trained allied health personnel?

(b) discussing how auxiliary personnel, now unavailable or very scarce, could be used advantageously in offices and hospitals if and when such persons are trained and available.

2. Programs should be supported to increase the supply of trained allied medical personnel of the types and levels of training found to be most needed.

3. Hospital policies should be studied with a view to promoting more efficient use of physicians' time. For example, compulsory meetings, required committee work, and record keeping could be appraised.

4. Exploration should be made of possibilities for increasing total productivity of physicians and conserving their time by improving communications, transportation and locational patterns. Such possibilities would include developing networks of consultative relationships between communities, hospitals, and medical centers, improving communications, and reducing transit time between hospitals and physicians' offices. The planning of new medical care centers should promote the clustering of offices around a clinic, hospital, or other central facility. Consultative relationship plus reduction in time and distance barriers could reduce the individual physician's on-call (for emergencies) hours and benefit patients as well.

5. Study should be made of current utilization of physicians by type of practice and specialty and the extent to which innovations, such as various types of group practice, should be endorsed and promoted.

6. Support should be given to health education programs that prepare consumers of health services for more intelligent participation in health care. The content of such programs should emphasize preventive care, the uses and limitations of medical self-help and the roles of various types of allied health personnel

in the medical care system. Special emphasis should be placed on providing such health information to the disadvantaged.

7. The development of community referral systems should be promoted to assist the rational entry of consumers into the health care system.

8. A complete picture should be developed and maintained of: the demand for and supply of allied health personnel; existing paramedical training programs and courses; the relationship of training center locations to areas most in need of paramedical services; and the effect of state licensing requirements on availability and distribution of paramedical personnel.

9. Methods should be devised for upgrading paramedical disciplines by enlarging the scope of their responsibilities.

10. Physicians should be encouraged to employ the "team approach"—effectively utilizing paramedical personnel—and should be assisted in selecting the kinds of arrangements best suited to their particular practices and communities.

11. Medical schools should be encouraged to include training in the use of paramedical personnel in their curricula.

INCREASING MEDICAL SCHOOL ENROLLMENTS

1. A study should be initiated at the earliest possible date to consider:

(a) the maximum feasible expansion of existing medical schools, including possible tax support of private institutions;
(b) the feasibility of developing a two-year medical school; and
(c) the feasibility of establishing a four-year medical school.

2. Specific opportunities should be developed to provide for the education of more black medical students.

ATTRACTING, RETAINING AND ALLOCATING PHYSICIAN MANPOWER

1. An organized recruitment program for attracting physicians now in training or in practice out of the state should be developed.

2. Licensure requirements should be reviewed to determine whether any may inhibit the in-migration of qualified physicians.

3. Factors affecting the demand for and availability of interns and residents should be identified, and methods should be devised for improving the current ratio of supply to demand.

4. A survey should be conducted to identify factors that influence physicians' choices of communities in which to practice and assess the relative importance of each locational factor.

5. Full support should be given to public or private programs which are designed to stimulate civic progress such as the Georgia Certified City Program, in order to make more Georgia communities attractive to physicians.

6. Particular attention should be given to making physician services and physician-directed services more accessible to the disadvantaged and to those living in isolated areas by:

(a) encouraging more physicians to practice among the poor, through special scholarships to medical students and through other incentive programs;
(b) promoting neighborhood health center expansion in low-income areas, to be conducted under the auspices of organizations and institutions such as medical schools and medical societies;
(c) including field work in neighborhood health centers or other projects for the disadvantaged as part of the basic education of medical students and allied health care personnel;
(d) alleviating the transportation problems of low-income patients; and
(e) having communities provide medical facilities to permit and attract physicians to practice in their area (part time or full time).

III.

ANALYSIS OF PRESENT SUPPLY OF PHYSICIANS AND OTHER DATA

Professional Activity of Physicians

The state of Georgia, as of November, 1968, had 5,247 physicians including residents and interns. Excluding a small percentage who are no longer professionally active, the great majority are engaged in offering patient care service through the private practice of medicine. Medical school faculties and other related activities accounted for less than 10 percent of the total group.

TABLE II: PROFESSIONAL ACTIVITY OF ALL GEORGIA PHYSICIANS–November 1968

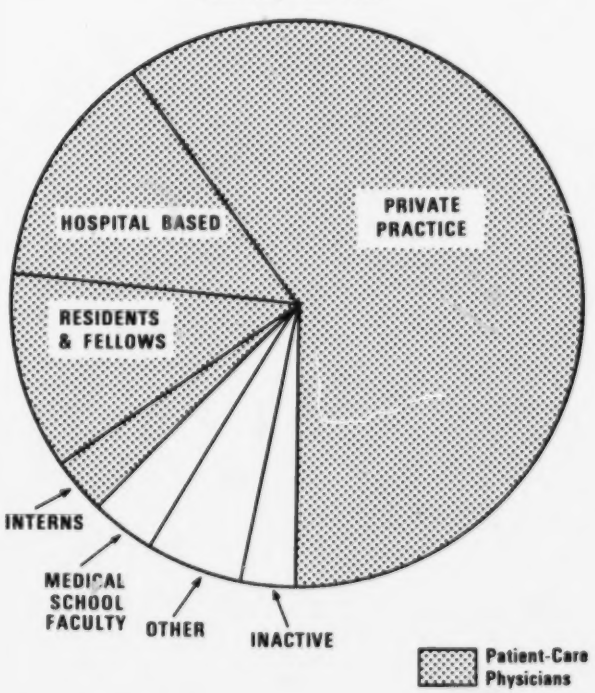
	Number	Percent of Total *
Total	5,247	100.0
Patient Care	4,617	88.0
Private Practice	3,165	60.3
Interns	172	3.3
Residents and Fellows	579	11.0
Full-Time Hospital Staff	701	13.4
Medically Related Activities	480	9.1
Medical School Faculty	203	3.9
Administrative Medicine	70	1.3
Laboratory Medicine	34	0.6
Preventive Medicine	130	2.5
Research	43	0.8
Inactive	150	2.9
Retired	127	2.4
Other Inactive	23	0.4

**Parts may not add to totals due to rounding.*

Figure 5

PROFESSIONAL ACTIVITY OF GEORGIA PHYSICIANS
November 1968

Percentages of Total



Distribution of Physicians

Geographical Distribution

The 5,097 *active* physicians are unevenly distributed throughout the state. Whereas the six major metropolitan areas of the state comprise nearly half of the civilian population, 72 percent of the active physicians are located in these areas. A more significant revelation is that 46 percent of the active physicians reside in the Atlanta Metropolitan Area, to serve 29 percent of the state's civilian population.

Nine counties scattered throughout the state, with a combined population of 39,000, have no physicians residing in them. There are no general hospitals located in these nine counties. However, each of these counties appears to be within about 50 miles of large urban areas.

Figure 6

POPULATION PER PATIENT-CARE PHYSICIAN, BY AREA
November 1968

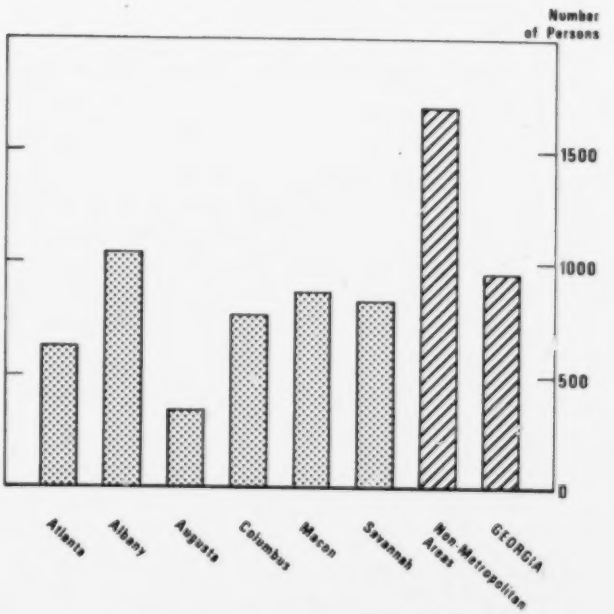


TABLE III: GEOGRAPHIC DISTRIBUTION OF PHYSICIAN SUPPLY – November 1968

AREA	ACTIVE PHYSICIANS		INACTIVE PHYSICIANS
	Number	Percent of Total	Number
Metropolitan Areas			
Albany SMSA	77	1.5	3
Atlanta SMSA	2,357	46.3	62
Augusta SMSA 1/	547	10.7	8
Columbus SMSA 1/	204	4.0	4
Macon SMSA	240	4.7	7
Savannah SMSA	225	4.4	11
Non-Metropolitan Areas	1,447	28.4	55
State Total	**5,097**	**100.0**	**150**

1/ Georgia portion of SMSA only

Physician/Population Ratios

Twelve of Georgia's 159 counties contain nearly 47 percent of the state's total population after exclusion of the military and institutional population. These dozen counties comprise Georgia's six major metropolitan areas, within which resides 70 percent of the total number of patient-care physicians in the state. In these six metropolitan areas, there is an average of one patient-care physician per *639* persons. This is contrasted to a ratio of one patient-care physician per *1,689* persons for the total non-metropolitan counties.

Comparisons between areas within the state indicate the variation in distribution and physician load one generally expects in a state experiencing a shifting population and changing medical care patterns and services. Appendix tables A and B afford some specifics as to this variation.

With but one exception, Albany, the proportion of population to patient-care physicians in the state's metropolitan areas is less than the average of this proportion for the state as a whole. (See Figure 6.)

As of December, 1967, Georgia's patient-care physicians hypothetically bore a population load more than 40 percent greater than the average load for physicians throughout the United States. All of the states adjacent to Georgia also registered more population per physician than the national ratio, but Florida neared the national level.

TABLE IV: POPULATION PER PATIENT-CARE PHYSICIAN, BY STATE
December 1967

	Population Per Patient-Care Physician
United States	794
Alabama	1,352
Florida	856
GEORGIA	1,118
North Carolina	1,122
South Carolina	1,364
Tennessee	986

Distribution of Patient-Care Physicians by Selected Specialties

Much of the concentration of specialties in metropolitan areas reflects the combination of two major trends—a tendency of heavy population centers to attract newly-trained physicians and a trend towards specialization and away from general practice. For instance, presently about one-fifth of all physicians in the state are in general practice. Ten years ago, approximately one-third were in general practice. Present intrastate figures for patient-care physicians show a strong concentration of specialists in the metropolitan areas while the non-metropolitan counties have approximately as many specialists as general practitioners.

The distribution throughout the state of patient-care physicians, for selected primary specialties, is depicted in Appendix Tables C and G.

Age

The average age of all active physicians is 43.8 years. In the six metropolitan areas, 61 percent of the active physicians are in the age bracket of 30-49 years, while 56 percent of the non-metropolitan physicians are in this same age group. The major differences between the two groups of physicians exist in the other three age brackets calculated. For instance, the concentration of physicians over 70 years of age in non-metropolitan areas is twice that of the metropolitan group. And the percentage of metropolitan physicians under 30 years of age is over four times greater than the non-metropolitan group, which partially reflects the concentration of interns, residents, and military physicians in these geographical areas. The metropolitan group depicts a smaller percentage (21) of physicians in the 50 to 69 years bracket than the non-metropolitan group (34). As a group, the metropolitan physicians have a mean age of 42.0 years, which is 6.4 years less than that of the non-metropolitan group.

Gender

The physician supply in Georgia is comprised of 95 percent men and five percent women. Of the 244 female physicians, well over half reside in the Atlanta metropolitan area.

Women physicians in Georgia tend to specialize somewhat differently than do men, as 20 percent of the women devote their professional attention to pediatric practice whereas only about six percent of the male physicians are in this specialty. Proportionately, more male physicians than female physicians selected general practice and internal medicine as their field of interest.

Race

Data which would permit an analysis of the physician supply by race are not available. However, it is estimated that there are fewer than 100 Negro physicians currently residing in Georgia, of which over 60 reside in the Atlanta area. Also, the number of other non-white physicians is not known.

Professional Characteristics of Physician Supply

Medical Specialty

Each of the principal medical specialties is represented by one or more physicians in the state. Collectively, the three most popular specialty areas—general practice, internal medicine, and general surgery—account for 48 percent of all specialists. Twelve of the 21 specialties, excluding sub-specialties and special fields, recognized by the American Medical Association in 1968 are each represented in Georgia by at least 100 physicians. (Designation of a primary specialty was in accordance with each physician's request.)

Principal Employer

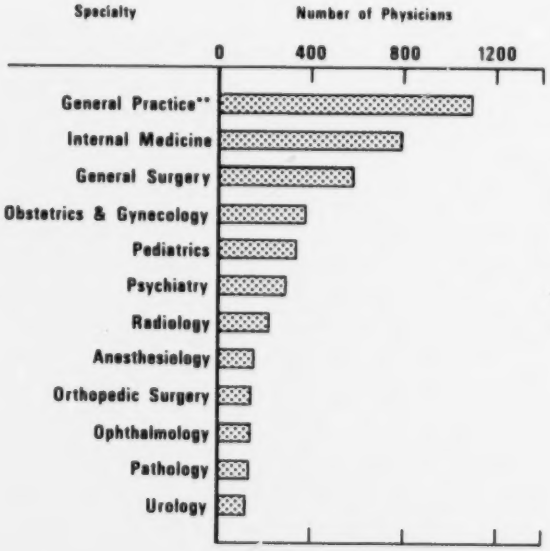
As was expected, a plurality of active physicians are self-employed. Generally, the self-employed physicians tend to dominate the medical employment categories in the aggregate non-metropolitan areas, and, to a lesser degree, in the metropolitan areas. The six metropolitan regions vary to a substantial degree. For instance, the Augusta, Atlanta and Columbus areas register smaller proportions of self-employed physicians than the other areas, reflecting the localized impact of such other major employers as teaching hospitals, medical schools and federal establishments.

Almost 60 percent of the state's active physicians are self-employed. Beyond the category of self-employed, substantial numbers of the medical profession throughout the state are employed by non-federal hospitals (18 percent) and the federal government (12 percent).

Medical schools employ five percent of the state total; these are almost totally concentrated in the Atlanta and Augusta metropolitan areas. Pharmaceu-

Figure 7

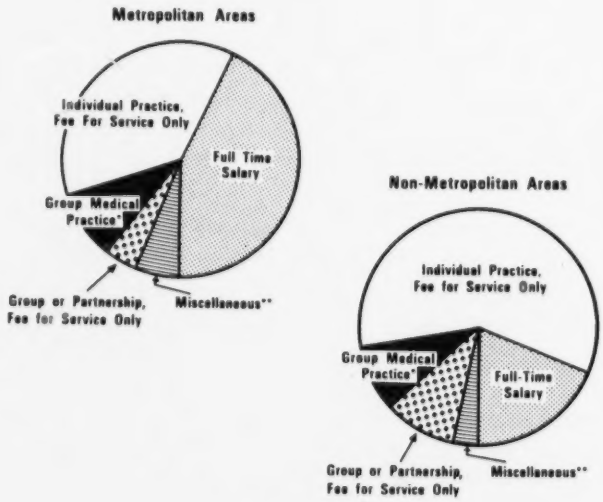
MAJOR* SPECIALTIES OF ACTIVE PHYSICIANS IN GEORGIA – 1968



* Over 100 physicians in specialty in Georgia.
** Recognized as specialty by American Medical Association.

Figure 8

PHYSICIANS' MAJOR SOURCES OF PROFESSIONAL INCOME
November 1968



* See narrative for definition.
** Includes individuals, groups and partnerships, with various combinations of fee for service and salary as income source.

tical companies, industry, research, and education (other than medical schools) as principal employers account for less than one percent of the state's total active physicians. (Principal employer data by SMSAs are shown in Appendix Table D and by county in Appendix Table H.)

Source of Professional Income

The AMA defined eight classifications of source of professional income from which the physicians indicate how their income was derived. With the exception of "group medical practice," the classifications are practically self-explanatory. The AMA, for statistical purposes, has defined "group medical practice," as indicated by the blackened portions of Figure 8, as an association of three or more physicians working, as employees or in partnership, in an income-sharing arrangement and jointly using equipment and technical personnel and with a centralized administration and financial organization.

As was anticipated, over half of the non-metropolitan physicians' professional income is derived from individual practices on a "fee for service only" basis. However, in the six metropolitan areas, the dominant source of income is from "full time salary."

Perhaps the most interesting observation to make of these data is that an equal percentage of non-metropolitan physicians, as metropolitan physicians (nine percent) reported "group medical practice" as their source of professional income.

TABLE V: SELECTED MEDICAL SCHOOLS OF GEORGIA PHYSICIANS – November 1968

SMSA	Total	MCG	Emory	Other Georgia Schools 1/	South-Eastern Schools 2/	Other Schools 3/
Albany	80	29	13	2	6	30
Atlanta	2419	303	716	27	330	1043
Augusta	555	270	15	0	91	179
Columbus	208	33	23	0	40	112
Macon	247	130	27	2	23	65
Savannah	236	91	12	0	33	100
Six Metropolitan Areas	3745	856	806	31	523	1529
Non-Metropolitan Areas	1502	596	293	33	164	416
State Total	**5247**	**1452**	**1099**	**64**	**687**	**1945**

1/ Medical Schools no longer in existence

2/ States adjacent to Georgia (Alabama, Florida, North Carolina, South Carolina, and Tennessee)

3/ Includes foreign medical schools

Medical Schools of Physicians

Georgia's medical schools have graduated about half of the total number of physicians residing in the state. Of these 2,615 Georgia-educated physicians, Medical College of Georgia has graduated about 56 percent and Emory has graduated 42 percent. Sixty-four of the state's physicians are graduates of Georgia medical schools that are no longer in existence. Medical Schools in the five states touching Georgia, which this report shall generally refer to as the southeast, have graduated 13 percent of the total supply, while all other medical schools, including foreign, have graduated 37 percent.

In Columbus, Atlanta, and Savannah, physicians who have graduated from out-of-state medical schools exceed the number of in-state graduates by a considerable margin. Conversely, Macon shows a strong reversal of this ratio, with fewer out-of-state graduates. Albany and Augusta also have more state medical school graduates among their physicians than they do graduates of out-of-state schools.

Internship and Residency of Physicians

It appears from analysis of the schools of medicine attended by Georgia physicians, that definite association exists between where a student graduates from medical school and the location of his practice. The location of a physician's internship and residency program is felt by many physicians to be an even more significant factor than the medical school. It would be interesting to study the relationship of post-graduate training location to site of practice for a group of recent medical school graduates.

Certain information about physicians, such as the year and location of post-graduate training, place of birth, and previous professional addresses and licenses, are being computerized by the AMA and will be available for analysis later this year.

Continuing Education and Physicians

Information as to the availability of continuing education opportunities for physicians, and the extent to which physicians take advantage of them is essential to develop a complete analysis of the physician situation.

The role of continuing medical education is being actively stimulated by both medical schools and the Regional Medical Program. However, evaluation of its immediate and long-range impact on the practicing group is not yet available.

Intern and Resident Positions

Intern Positions

For the period 1961 to 1967, about 250 internships were offered each year by Georgia's hospitals. Overall, Georgia has been able to fill 70 percent of these positions. This percentage compares favorably with the six-state area earlier referred to in this report, reflecting variations in filled rates from 76 percent in Tennessee to 59 percent in Alabama.

During this same seven-year period, graduates of foreign medical schools accounted for about six percent of the yearly average of all internships filled in Georgia hospitals. Florida filled about 22 percent of its internships with medical graduates from schools outside of the United States—three to four times the utilization of most other southeastern states. Tennessee and North Carolina had rates comparable to Georgia's, while few graduates of foreign medical schools have recently interned in Alabama or South Carolina.

Resident Positions

For the same seven-year period as interns, Georgia's teaching hospitals offered an average of 629 resident positions annually. On an average, the hospitals filled 75 percent of those positions each year. Of the filled resident positions in Georgia, about 16 percent were filled by graduates of foreign medical schools.

Hospitals in North Carolina, Florida and Tennessee showed the highest annual average percent of six southeastern states (Georgia, North Carolina, South Carolina, Florida, Tennessee, and Alabama) for resident positions filled during the years 1961 to 1967. Florida had the highest rate of resident positions filled by graduates of foreign medical schools (29 percent).

Georgians Attending Medical Schools

Over the past 10 years (1958-67), 1,762 students whose home state was Georgia entered medical schools in the United States. Of these, 1,015 entered the Medical College of Georgia while 406 entered Emory University School of Medicine. The remaining 19 percent of students from Georgia entered medical schools located in 23 states and Washington, D.C. (In 1967, 45 students from Georgia entered 22 out-of-state medical schools.)

During this same 10-year period, Emory University matriculated a total of 355 medical students from other states. The number of out-of-state medical students at Emory has gradually increased for the past six consecutive years (1962-1967). Since 1947, the Medical College of Georgia has admitted students only from Georgia.

Since 1960, the 1,139 students from Georgia entering Medical College of Georgia and Emory University School of Medicine have come from 131 counties throughout the state. The majority of students came from Fulton, DeKalb, Richmond and Chatham counties, with numerous other counties each contributing only one or two medical students.

Nine out of 10 students entering Georgia's two medical schools graduate four years later.

Osteopathic Physicians

In 1967, a statistical study of the osteopathic profession was made by the American Osteopathic Association. This study revealed 12,115 active osteopathic practitioners in the United States, of which 78 were in Georgia. In the United States, 83 percent of active osteopaths were in private practice while about 81

percent of Georgia osteopaths were in private practice. Of the 63 osteopaths in private practice, 50 were in individual practice, 10 were in a small partnership, and three were not categorized.

According to the study, 44 of the private practice osteopaths in Georgia were in general practice, but 12 of these were "giving particular attention to a specialty." Six osteopaths were in specialty practices and 13 were "limited to manipulative therapy."

At the time of the study, there were four osteopathic hospitals in Georgia with a combined bed capacity of 128.

The geographical distribution of Georgia's osteopaths was not revealed by the report.

In a 1967 report on osteopaths in Michigan and the United States, 10 states in the country had an osteopath per population rate which exceeded 10 osteopaths per 100,000 population. The highest rate was found in Missouri where there were 26 osteopaths per 100,000 population. No southern state was among the first 10 in number of osteopathic physicians compared to population. According to the Michigan report, there were 54 osteopaths in Georgia in 1930 and by 1939, this number had increased to 72 osteopaths. Since 1939, the total number of osteopaths has increased by six.

IV.

APPENDIX

TECHNICAL NOTES

Definitions of Selected Terms in this Report

Standard Metropolitan Statistical Area (SMSA) – A county or group of adjoining counties having common social and economic characteristics and containing one city of 50,000 persons or more. (Office of Statistical Standards, Executive Office of the President, Bureau of the Budget.)

Southeast – The State of Georgia and the five states bordering Georgia, which includes Alabama, Florida, North Carolina, South Carolina and Tennessee.

Physicians – All graduates of approved medical schools, both members and non-members of the American Medical Association.

Patient-Care Physicians – All physicians involved in rendering some form of health care to patients. For purposes of this report, this categorical term "patient care" includes physicians in private practice, and interns, residents and fellows, and full-time hospital staff physicians.

Specialty – The specialties recognized by the American Medical Association.

November 1968 – An arbitrary date based on the time the current individual physician data were obtained by the Office of Comprehensive Health Planning, Georgia Department of Public Health, from the American Medical Association, Current Records Service. These individual physician records are updated on a continuous basis as medical schools and physicians report such information to the AMA.

Sources of Data – Data for this report, including charts and tables, were developed by the Georgia Office of Comprehensive Health Planning based upon data from the following sources:

American Medical Association, Physicians Record Service

American Medical Association, *American Medical Directory*

American Medical Association, Department of Survey Research, *Distribution of Physicians, Hospitals and Hospital Beds in the U.S., 1967*

American Medical Association, *Journal of the American Medical Association,* annual *Medical Education Numbers*

American Osteopathic Association, *A Statistical Study of the Osteopathic Profession, December 31, 1967*

Bureau of Census, U. S. Department of Commerce

Citizens Committee on Education for Health Care (for the Michigan Department of Education), *Osteopathy in the U. S. and Michigan*

Emory University School of Medicine, Office of the Registrar

Georgia Department of Public Health, Biostatistics Service

Georgia Department of Public Health, Health Facilities Planning Section, *Georgia State Plan for Hospitals and Related Facilities, July 1, 1968*

Georgia Hospital Association

Georgia Social Sciences Advisory Committee, *Georgia County Population Projections as Developed by the Georgia Social Sciences Advisory Committee, February, 1968*

Medical College of Georgia, Office of the Registrar

STANDARD METROPOLITAN STATISTICAL AREAS IN GEORGIA

1/ Includes Georgia portion only

Appendix Table A **POPULATION PER PHYSICIAN SELECTED AREAS OF THE STATE**

Area and County	Civilian Population July 1, 1968	Number of Physicians		Population Per Physician	
		Private Practice	Patient Care 1/	Private Practice	Patient Care 1/
Atlanta	1,297,600	1,302	2,060	997	630
Clayton	78,900	22	24	3,586	3,288
Cobb	171,400	120	131	1,428	1,308
DeKalb	377,400	166	297	2,273	1,271
Fulton	608,600	975	1,588	624	383
Gwinnett	61,300	19	20	3,226	3,065
Albany	78,300	57	75	1,374	1,044
Dougherty	78,300	57	75	1,374	1,044
Augusta	149,900	173	442	866	339
Richmond	149,900	173	442	866	339
Columbus	148,400	121	195	1,226	761
Chattahoochee	2,100	0	56 2/	-	-
Muscogee	146,300	121	139	1,209	1,053
Macon	202,500	178	232	1,138	873
Bibb	151,400	157	197	964	769
Houston	51,100	21	35	2,433	1,460
Savannah	180,000	167	217	1,078	829
Chatham	180,000	167	217	1,078	829
Total Metropolitan Areas	2,056,700	1,998	3,221	1,029	639
Non-Metropolitan Areas	2,357,300	1,167	1,396	2,020	1,689
State	**4,414,200** 3/	**3,165**	**4,617**	**1,395**	**956**

1/ "Patient care" includes private practice as well as interns, residents, and full-time hospital based.

2/ Military physicians serving military personnel and dependents.

3/ Civilian population excluding on-base military dependents and state institutional population. Civilian population, including on-base military dependents and institutional population totaled 4,452,000 on July 1, 1968.

Appendix Table B POPULATION PER PRIVATE PRACTICE PHYSICIAN RANKED BY COUNTY SIZE

COUNTY	Population July 1, 1968 (in thousands)	Population Per Private-Practice Physician1/	COUNTY	Population July 1, 1968 (in thousands)	Population Per Private-Practice Physician1/
Fulton	608.6	624	Gordon	23.1	2567
DeKalb	377.4	2273	Mitchell	21.3	3043
Chatham	180.0	1078	Columbia	21.1	5275
Cobb	171.4	1428	Burke	20.7	2957
Muscogee	146.3	1209	Jackson	20.6	3433
Bibb	151.4	964	Emanuel	20.4	2914
Richmond	149.9	866	Meriwether	20.3	2538
Clayton	78.9	3586	Coffee	20.1	2233
Dougherty	78.3	1374	Chattooga	20.0	4000
Floyd	72.2	1031	Toombs	19.9	2488
Gwinnett	61.3	3226	Stephens	19.7	938
Hall	58.6	1172	Habersham	19.3	2144
Whitfield	54.7	1658	Washington	19.2	1745
Walker	54.5	3406	Jefferson	18.9	2100
Lowndes	51.6	1147	Grady	18.8	4700
Houston	51.1	2433	Wayne	18.4	1840
Clarke	48.4	864	Crisp	18.2	1820
Glynn	48.3	1006	Elbert	17.9	1989
Troup	47.4	1129	Dodge	17.6	2514
Carroll	40.8	1569	Rockdale	17.4	5800
Spalding	39.9	1287	Hart	17.4	5800
Thomas	37.6	1044	Paulding	16.5	4125
Ware	35.3	1103	Barrow	16.1	2300
Colquitt	33.4	2227	Peach	16.0	1778
Bartow	33.4	4175	Haralson	15.9	3180
Laurens	33.0	1941	Forsyth	15.7	2243
Coweta	32.2	1533	Worth	15.6	2600
Polk	30.1	2150	Brooks	15.0	3000
Baldwin	29.6	1741	Appling	14.6	2920
Cherokee	28.4	2582	Tattnall	14.5	4833
Bulloch	28.1	2342	McDuffie	14.1	1763
Tift	27.0	1588	Murray	14.0	2800
Sumter	26.9	1921	Early	13.9	4633
Catoosa	26.5	3313	Fannin	13.8	3450
Newton	25.5	2833	Screven	13.7	2283
Henry	25.1	6275	Macon	13.4	2680
Upson	25.0	1316	Ben Hill	13.4	2680
Douglas	23.9	4780	Madison	13.3	13300
Decatur	23.8	1983	Effingham	13.0	4333
Walton	23.4	2340	Cook	13.0	3250

1/ Based on number of private practice physicians as of November 1968;

Appendix Table B POPULATION PER PRIVATE PRACTICE PHYSICIAN RANKED BY COUNTY SIZE

COUNTY	Population July 1, 1968 (in thousands)	Population Per Private-Practice Physicians1/	COUNTY	Population July 1, 1968 (in thousands)	Population Per Private-Practice Physicians1/
Franklin	12.9	1433	Pike	7.7	7700
Harris	12.4	4133	Clinch	7.6	1900
Terrell	12.2	2440	Union	7.6	2533
Telfair	12.2	2033	Banks	7.6	7600
Jones	11.6	5800	Talbot	7.3	3650
Monroe	11.6	2900	McIntosh	7.3	7300
Camden	11.2	1400	Warren	7.1	3550
Wilkes	11.1	1850	Evans	7.1	3550
Berrien	11.0	3667	Montgomery	7.0	2333
Dooly	11.0	2750	Wilcox	7.0	3500
Greene	11.0	1833	Calhoun	6.9	2300
Lamar	11.0	2200	Miller	6.9	2300
Morgan	10.6	3533	Candler	6.9	1725
Butts	10.4	2600	Bryan	6.8	6800
Bleckley	10.1	5050	Lee	6.8	2/
Jeff Davis	10.1	3367	Stewart	6.7	2233
Pierce	10.0	2500	Treutlen	6.4	3200
Randolph	9.8	1960	Atkinson	6.3	6300
Hancock	9.8	3267	Charlton	6.1	2033
Wilkinson	9.8	2450	Crawford	6.0	2/
Fayette	9.8	3267	Lincoln	6.0	6000
Liberty	9.7	4850	Jasper	5.9	1967
Dade	9.6	3200	Brantley	5.9	5900
Pickens	9.3	1860	Marion	5.5	2750
Gilmer	9.1	2/	Wheeler	5.5	2/
Jenkins	9.0	3000	Heard	5.2	2600
Turner	8.7	2900	Lanier	4.8	2400
Twiggs	8.6	4300	Towns	4.7	1567
Johnson	8.6	4300	Clay	4.2	2100
Putnam	8.6	4300	Baker	4.1	2/
Bacon	8.4	1680	Long	4.0	2/
Irwin	8.3	2075	Dawson	3.8	2/
Lumpkin	8.3	4150	Schley	3.2	3200
Pulaski	8.2	1640	Webster	3.0	2/
Oglethorpe	8.2	8200	Glascock	2.6	2600
Seminole	8.2	1640	Quitman	2.6	2/
Taylor	8.1	2700	Taliaferro	2.5	2/
Rabun	8.1	2025	Chattahoochee	2.1	2/
Oconee	8.1	2/	Echols	1.8	2/
White	7.8	1560			

1/ Based on number of private practice physicians as of November 1968.

2/ No physicians in county.

Appendix Table C

DISTRIBUTION OF PATIENT-CARE PHYSICIANS
By Selected Specialty, By SMSA
Percent
November 1968

Specialty	Atlanta	Albany	Augusta [1]	Columbus [1]	Macon	Savannah	Six SMSAs	Non-Metro Areas	State
				Percentage Distribution [2]					
Total Patient Care	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	**100.0**
General Practice	10.9	22.7	6.1	11.3	25.3	19.4	12.2	48.2	**23.4**
Internal Medicine	21.2	8.0	18.6	15.4	8.6	11.5	18.6	8.1	**15.3**
General Surgery	13.0	10.7	15.8	10.3	12.4	13.4	13.1	10.0	**12.1**
Obstetrics-Gynecology	8.8	9.3	8.4	11.8	9.9	8.3	9.0	5.1	**7.8**
Pediatrics	6.9	8.0	6.8	11.3	6.9	5.1	7.0	4.8	**6.3**
Psychiatry	6.0	4.0	7.2	3.1	2.6	4.1	5.6	5.0	**5.4**
Radiology	4.8	5.3	5.2	6.2	4.3	5.1	4.9	3.4	**4.4**
Anesthesiology	3.5	2.7	2.3	4.1	4.7	4.1	3.5	2.4	**3.1**
Cardiovascular Disease	1.3	0	1.4	.5	.4	.5	1.1	.2	**.8**
All Other Patient Care	23.8	29.3	28.3	26.2	24.9	28.6	25.1	13.0	**21.3**

1/ Georgia portion only

2/ Parts may not add to total due to rounding

Appendix Table D **PRINCIPAL EMPLOYER OF ACTIVE PHYSICIANS IN GEORGIA, BY SMSA – November 1968**

Principal Employer	STANDARD METROPOLITAN STATISTICAL AREAS								
	All SMSAs	Atlanta	Albany	Augusta	Columbus	Macon	Savannah	Non-Metropolitan Areas	State
Self Employed	1914	1233	56	169	119	176	161	1123	3037
Federal:									
U.S. Public Health Service	163	150	–	1	2	–	10	–	163
Veterans Administration & Other Agencies	117	82	–	34	–	1	–	27	144
Armed Forces	250	68	18	64	63	22	15	54	304
Non-Federal:									
Public Health Departments	51	39	–	6	2	1	3	22	73
Other Agencies	12	11	–	–	–	–	1	6	18
Non-Federal Hospitals	771	526	1	164	14	37	29	164	935
Medical Schools	245	142	–	102	1	–	–	3	248
Clinics and Other Physicians	91	76	1	4	2	2	6	44	135
Pharmaceuticals and Other Industry	21	18	1	2	–	–	–	3	24
Research and Other Educational	15	12	–	1	1	1	–	1	16
TOTALS	**3650**	**2357**	**77**	**547**	**204**	**240**	**225**	**1447**	**5097**

Appendix Table E

GEORGIA HOSPITALS WITH INTERN AND RESIDENT PROGRAMS
As of August 1, 1968

Hospital & Location	Offers Resident Program	Offers Intern Program
Phoebe Putney Memorial Hospital, Albany	x	x
Crawford W. Long Hospital, Atlanta	x	x
Emory University Hospital, Atlanta	x	x
Georgia Baptist Hospital, Atlanta	x	x
Grady Memorial Hospital, Atlanta	x	x
Henrietta Egleston Hospital, Atlanta	x	
Piedmont Hospital, Atlanta	x	x
St. Joseph's Infirmary, Atlanta	x	x
Veterans Administration Hospital, Atlanta	x	x
Eugene Talmadge Memorial Hospital, Augusta	x	x
University Hospital, Augusta	x	x
Veterans Administration Hospital, Augusta	x	
Medical Center, Columbus	x	x
Scottish Rite Hospital, Decatur	x	
Martin Army Hospital, Fort Benning	x	
Macon Hospital, Macon	x	x
Central State Hospital, Milledgeville	x	
Battey State Hospital, Rome	x	
Memorial Medical Center, Savannah	x	x
Georgia Warm Springs Foundation, Warm Springs	x	
Floyd Hospital , Rome		x

Source:
Georgia Hospital Association

Appendix Table F **PROFESSIONAL ACTIVITY OF GEORGIA PHYSICIANS (November 1968)**

County	All Physicians	Active Physicians											Inactive	
		Total Active	Total Patient-Care	Patient Care				Other Professional Activity						
				Private Practice solo, group, partnership, etc.	Hospital Based			Med. School Faculty	Adm. Med.	Lab. Med.	Prev. Med.	Research	Retired	Other Inactive
					Interns	Residents and Fellows	Full time hosp. staff							
Appling	5	5	5	5	0	0	0	0	0	0	0	0	0	0
Atkinson	1	1	1	1	0	0	0	0	0	0	0	0	0	0
Bacon	5	5	5	5	0	0	0	0	0	0	0	0	0	0
Baker	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Baldwin	106	104	97	17	0	21	59	0	4	1	2	0	2	0
Banks	1	1	1	1	0	0	0	0	0	0	0	0	0	0
Barrow	9	8	8	7	0	1	0	0	0	0	0	0	1	0
Bartow	10	9	8	8	0	0	0	0	0	0	1	0	1	0
Ben Hill	5	5	5	5	0	0	0	0	0	0	0	0	0	0
Berrien	4	4	4	3	0	0	1	0	0	0	0	0	0	0
Bibb	208	201	197	157	10	17	13	0	1	1	2	0	6	1
Bleckley	2	2	2	2	0	0	0	0	0	0	0	0	0	0
Brantley	1	1	1	1	0	0	0	0	0	0	0	0	0	0
Brooks	7	6	6	5	0	0	1	0	0	0	0	0	1	0
Bryan	1	1	1	1	0	0	0	0	0	0	0	0	0	0
Bulloch	16	13	13	12	0	0	1	0	0	0	0	0	3	0
Burke	9	8	8	7	0	0	1	0	0	0	0	0	1	0
Butts	4	4	4	4	0	0	0	0	0	0	0	0	0	0
Calhoun	4	3	3	3	0	0	0	0	0	0	0	0	1	0
Camden	8	8	8	8	0	0	0	0	0	0	0	0	0	0
Candler	4	4	4	4	0	0	0	0	0	0	0	0	0	0
Carroll	27	27	27	26	0	1	0	0	0	0	0	0	0	0
Catoosa	13	12	12	8	0	1	3	0	0	0	0	0	1	0
Charlton	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Chatham	236	225	217	167	12	8	30	0	5	1	2	0	6	5
Chattahoochee	58	57	56	0	1	5	50	0	1	0	0	0	0	1
Chattooga	7	7	7	5	0	0	2	0	0	0	0	0	0	0
Cherokee	12	12	12	11	0	1	0	0	0	0	0	0	0	0
Clarke	77	75	67	56	0	3	8	1	0	1	5	1	2	0
Clay	2	2	2	2	0	0	0	0	0	0	0	0	0	0
Clayton	25	25	24	22	1	0	1	0	1	0	0	0	0	0
Clinch	4	4	4	4	0	0	0	0	0	0	0	0	0	0
Cobb	144	140	131	120	0	1	10	0	0	2	6	1	4	0
Coffee	9	9	9	9	0	0	0	0	0	0	0	0	0	0
Colquitt	18	17	16	15	0	1	0	0	0	0	1	0	1	0
Columbia	6	6	6	4	0	1	1	0	0	0	0	0	0	0
Cook	4	4	4	4	0	0	0	0	0	0	0	0	0	0
Coweta	24	24	23	21	0	1	1	0	0	0	1	0	0	0
Crawford	2	2	2	1	0	0	1	0	0	0	0	0	0	0
Crisp	13	12	12	10	0	0	2	0	0	0	0	0	1	0
Dade	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Dawson	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Decatur	14	13	12	12	0	0	0	0	0	0	1	0	1	0
DeKalb	325	318	297	166	14	76	41	6	4	2	6	3	5	2
Dodge	7	7	7	7	0	0	0	0	0	0	0	0	0	0
Dooly	4	4	4	4	0	0	0	0	0	0	0	0	0	0
Dougherty	80	77	75	57	0	0	18	0	0	1	1	0	3	0
Douglas	7	7	6	5	0	0	1	0	1	0	0	0	0	0
Early	5	5	5	3	0	0	2	0	0	0	0	0	0	0
Echols	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Appendix Table F **PROFESSIONAL ACTIVITY OF GEORGIA PHYSICIANS (November 1968)**

County	All Physicians	Active Physicians											Inactive	
		Total Active	Total Patient-Care	Patient Care				Other Professional Activity						
				Private Practice solo, group, partnership, etc.	Hospital Based			Med. School Faculty	Adm. Med.	Lab. Med.	Prev. Med.	Research	Retired	Other Inactive
					Interns	Residents and Fellows	Full time hosp. staff							
Effingham	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Elbert	10	9	9	9	0	0	0	0	0	0	0	0	1	0
Emanuel	8	8	8	7	0	0	1	0	0	0	0	0	0	0
Evans	4	4	4	2	0	0	2	0	0	0	0	0	0	0
Fannin	5	4	4	4	0	0	0	0	0	0	0	0	0	1
Fayette	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Floyd	98	95	90	70	0	0	20	0	2	1	1	1	2	1
Forsyth	7	7	7	7	0	0	0	0	0	0	0	0	0	0
Franklin	10	9	9	9	0	0	0	0	0	0	0	0	1	0
Fulton	1904	1853	1588	975	93	307	213	109	37	15	71	33	45	6
Gilmer	2	2	2	0	0	1	1	0	0	0	0	0	0	0
Glascock	1	1	1	1	0	0	0	0	0	0	0	0	0	0
Glynn	59	54	53	48	0	1	4	0	0	0	1	0	5	0
Gordon	11	10	10	9	0	0	1	0	0	0	0	0	1	0
Grady	5	5	4	4	0	0	0	0	0	0	1	0	0	0
Green	6	6	6	6	0	0	0	0	0	0	0	0	0	0
Gwinnett	21	21	20	19	0	0	1	0	0	0	1	0	0	0
Habersham	11	10	9	9	0	0	0	0	0	0	1	0	1	0
Hall	57	55	53	50	0	1	2	0	0	1	1	0	2	0
Hancock	5	4	4	3	0	0	1	0	0	0	0	0	1	0
Haralson	5	5	5	5	0	0	0	0	0	0	0	0	0	0
Harris	5	4	4	3	0	0	1	0	0	0	0	0	1	0
Hart	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Heard	2	2	2	2	0	0	0	0	0	0	0	0	0	0
Henry	4	4	4	4	0	0	0	0	0	0	0	0	0	0
Houston	39	39	35	21	0	1	13	0	2	0	2	0	0	0
Irwin	6	5	5	4	0	1	0	0	0	0	0	0	1	0
Jackson	10	7	7	6	0	0	1	0	0	0	0	0	2	1
Jasper	4	3	3	3	0	0	0	0	0	0	0	0	0	1
Jeff Davis	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Jefferson	9	9	9	9	0	0	0	0	0	0	0	0	0	0
Jenkins	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Johnson	2	2	2	2	0	0	0	0	0	0	0	0	0	0
Jones	2	2	2	2	0	0	0	0	0	0	0	0	0	0
Lamar	5	5	5	5	0	0	0	0	0	0	0	0	0	0
Lanier	3	3	3	2	0	0	1	0	0	0	0	0	0	0
Laurens	43	42	39	17	0	0	22	0	1	1	1	0	1	0
Lee	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Liberty	10	10	9	2	0	0	7	0	1	0	0	0	0	0
Lincoln	1	1	1	1	0	0	0	0	0	0	0	0	0	0
Long	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lowndes	57	55	54	45	0	0	9	0	1	0	0	0	1	1
Lumpkin	4	2	2	2	0	0	0	0	0	0	0	0	1	1
McDuffie	8	8	8	8	0	0	0	0	0	0	0	0	0	0
McIntosh	2	1	1	1	0	0	0	0	0	0	0	0	1	0
Macon	5	5	5	5	0	0	0	0	0	0	0	0	0	0
Madison	1	1	1	1	0	0	0	0	0	0	0	0	0	0
Marion	2	2	2	2	0	0	0	0	0	0	0	0	0	0
Meriwether	16	16	15	8	0	2	5	0	1	0	0	0	0	0
Miller	3	3	3	3	0	0	0	0	0	0	0	0	0	0

Appendix Table F

PROFESSIONAL ACTIVITY OF GEORGIA PHYSICIANS (November 1968)

County	All Physicians	Active Physicians											Inactive	
		Total Active	Total Patient-Care	Patient Care				Other Professional Activity						
				Private Practice solo, group, partnership, etc.	Hospital Based			Med. School Faculty	Adm. Med.	Lab. Med.	Prev. Med.	Research	Retired	Other Inactive
					Interns	Residents and Fellows	Full time hosp. staff							
Mitchell	7	7	7	7	0	0	0	0	0	0	0	0	0	0
Monroe	5	4	4	4	0	0	0	0	0	0	0	0	1	0
Montgomery	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Morgan	4	4	4	3	0	0	1	0	0	0	0	0	0	0
Murray	5	5	5	5	0	0	0	0	0	0	0	0	0	0
Muscogee	150	147	139	121	9	2	7	0	0	3	5	0	3	0
Newton	9	9	9	9	0	0	0	0	0	0	0	0	0	0
Oconee	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Oglethorpe	2	2	2	1	0	0	1	0	0	0	0	0	0	0
Paulding	4	4	4	4	0	0	0	0	0	0	0	0	0	0
Peach	10	10	10	9	0	0	1	0	0	0	0	0	0	0
Pickens	5	5	5	5	0	0	0	0	0	0	0	0	0	0
Pierce	5	5	5	4	0	0	1	0	0	0	0	0	0	0
Pike	1	1	1	1	0	0	0	0	0	0	0	0	0	0
Polk	15	15	14	14	0	0	0	0	0	0	1	0	0	0
Pulaski	5	5	5	5	0	0	0	0	0	0	0	0	0	0
Putnam	2	2	2	2	0	0	0	0	0	0	0	0	0	0
Quitman	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Rabun	6	4	4	4	0	0	0	0	0	0	0	0	2	0
Randolph	5	5	5	5	0	0	0	0	0	0	0	0	0	0
Richmond	555	547	442	173	32	121	116	87	5	2	7	4	7	1
Rockdale	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Schley	1	1	1	1	0	0	0	0	0	0	0	0	0	0
Screven	6	6	6	6	0	0	0	0	0	0	0	0	0	0
Seminole	7	6	6	5	0	0	1	0	0	0	0	0	1	0
Spalding	38	37	36	31	0	0	5	0	1	0	0	0	0	1
Stephens	21	21	21	21	0	0	0	0	0	0	0	0	0	0
Stewart	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Sumter	16	16	15	14	0	0	1	0	0	0	1	0	0	0
Talbot	3	3	3	2	0	0	1	0	0	0	0	0	0	0

Appendix Table F **PROFESSIONAL ACTIVITY OF GEORGIA PHYSICIANS (November 1968)**

County	All Physicians	Active Physicians											Inactive	
		Total Active	Total Patient-Care	Patient Care				Other Professional Activity						
				Private Practice solo, group, partnership, etc.	Hospital Based			Med. School Faculty	Adm. Med.	Lab. Med.	Prev. Med.	Research	Retired	Other Inactive
					Interns	Residents and Fellows	Full time hosp. staff							
Taliaferro	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Tattnall	5	5	4	3	0	0	1	0	0	0	1	0	0	0
Taylor	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Telfair	6	6	6	6	0	0	0	0	0	0	0	0	0	0
Terrell	6	5	5	5	0	0	0	0	0	0	0	0	1	0
Thomas	44	43	40	36	0	0	4	0	1	0	2	0	1	0
Tift	19	17	17	17	0	0	0	0	0	0	0	0	2	0
Toombs	12	10	10	8	0	0	2	0	0	0	0	0	2	0
Towns	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Treutlen	2	2	2	2	0	0	0	0	0	0	0	0	0	0
Troup	45	45	43	42	0	1	0	0	0	0	2	0	0	0
Turner	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Twiggs	2	2	2	2	0	0	0	0	0	0	0	0	0	0
Union	3	3	3	3	0	0	0	0	0	0	0	0	0	0
Upson	20	20	20	19	0	0	1	0	0	0	0	0	0	0
Walker	17	17	16	16	0	0	0	0	1	0	0	0	0	0
Walton	10	10	10	10	0	0	0	0	0	0	0	0	0	0
Ware	37	37	35	32	0	1	2	0	0	1	1	0	0	0
Warren	3	3	3	2	0	0	1	0	0	0	0	0	0	0
Washington	12	12	11	11	0	0		0	0	1	0	0	0	0
Wayne	11	11	11	10	0	1	0	0	0	0	0	0	0	0
Webster	1	1	1	0	0	0	1	0	0	0	0	0	0	0
Wheeler	.	.	.	.	.	.	.	.	.	.	.	.	.	.
White	6	6	5	5	0	0	0	0	0	0	1	0	0	0
Whitfield	36	36	35	33	0	1	1	0	0	0	1	0	0	0
Wilcox	2	2	2	2	0	0	0	0	0	0	0	0	0	0
Wilkes	7	7	7	6	0	0	1	0	0	0	0	0	0	0
Wilkinson	4	4	4	4	0	0	0	0	0	0	0	0	0	0
Worth	6	6	6	6	0	0	0	0	0	0	0	0	0	0
State Total	**5247**	**5097**	**4617**	**3165**	**172**	**579**	**701**	**203**	**70**	**34**	**130**	**43**	**127**	**23**

Appendix Table G PATIENT-CARE PHYSICIANS IN GEORGIA, BY SELECTED SPECIALTY, BY COUNTY[1/]

County	General Practice	Internal Medicine	General Surgery	Obstetrics-Gynecology	Pediatrics	Psychiatry	Radiology	Anesthesiology	Cardiovascular	Total Patient-Care
TOTAL	**1083**	**708**	**562**	**359**	**293**	**249**	**206**	**144**	**39**	**4630**
Appling	3		2							5
Atkinson	1									1
Bacon	5									5
Baker										
Baldwin	8	6	6	4	2	50	3	1	1	97
Banks										1
Barrow	5	1		1	1					8
Bartow	7		1							8
Ben Hill	5									5
Berrien	3									4
Bibb	43	18	28	19	10	5	9	10	1	197
Bleckley	2									2
Brantley	1									1
Brooks	5									6
Bryan	1									1
Bulloch	4	1	4	1	1		1			13
Burke	4	1	2			1				8
Butts	3									4
Calhoun	3									3
Camden	6		1					1		8
Candler	4									4
Carroll	16	1	4	2	1		1			27
Catoosa	7		1		1		2	1		12
Charlton	2		1							3
Chatham	42	25	29	18	11	9	11	9	1	217
Chattahoochee	4	12	4	7	10	3	3	1		56
Chattooga	6							1		7
Cherokee	7		3			1	1			12
Clarke	14	8	10	8	7	1	3	3	1	67
Clay	2									2
Clayton	10	2	5	1	6					24
Clinch	3									4
Cobb	26	18	16	15	12	7	6	8	1	131
Coffee	7		1				1			9
Colquitt	8	1	2			1	1			16
Columbia	4					1	1			6
Cook	3							1		4
Coweta	7	3	4	1	2		1	1		23
Crawford	1									2
Crisp	9	1								12
Dade	3									3
Dawson										
Decatur	6	1	2	1	1					12
DeKalb	49	63	30	24	28	19	12	9	4	297
Dodge	3	1	2							7
Dooly	3		1							4
Dougherty	17	6	8	7	6	3	4	2		75
Douglas	6									6
Early	3		1							5
Echols										
Effingham	2				1					3
Elbert	8							1		9
Emanuel	6	1	1							8
Evans	3		1							4
Fannin	3		1							4
Fayette	3									3
Floyd	23	10	13	9	6	2	1	4		90
Forsyth	6		1							7
Franklin	8					1				9
Fulton	124	352	212	144	100	97	80	55	22	1588
Gilmer			1							2
Glascock	1									1
Glynn	18	6	6	2	4	1	2	3		53
Gordon	5		1	1			2			10
Grady	3									4
Greene	5						1			6
Gwinnett	15		1		1	1	1			20
Habersham	8	1								9
Hall	8	9	5	6	7	2	2	3		53
Hancock	2			1	1					4
Haralson	5									5
Harris	3									4
Hart	3									3
Heard	2									2
Henry	4									4
Houston	16	2	1	4	6	1	1	1		35
Irwin	3	1	1							5
Jackson	7									7
Jasper	3									3
Jeff Davis	3									3

Appendix Table G PATIENT-CARE PHYSICIANS IN GEORGIA, BY SELECTED SPECIALTY, BY COUNTY[1/]

County	General Practice	Internal Medicine	General Surgery	Obstetrics-Gynecology	Pediatrics	Psychiatry	Radiology	Anesthesiology	Cardiovascular	Total Patient-Care
Jefferson	9									9
Jenkins	3									3
Johnson	2									2
Jones	1					1				2
Lamar	4					1				5
Lanier	2		1							3
Laurens	11	10	4		2		3			39
Lee										
Liberty	3	3			1	1				9
Lincoln									1	1
Long										
Lowndes	11	6	5	6	4	1	3	2		54
Lumpkin	2									2
McDuffie	8									8
McIntosh	1									1
Macon	5									5
Madison	1									1
Marion	2									2
Meriwether	6	3				1				15
Miller	3									3
Mitchell	7									7
Monroe	4									4
Montgomery	2		1							3
Morgan	3		1							4
Murray	4				1					5
Muscogee	18	18	16	16	12	3	9	7	1	139
Newton	8	1								9
Oconee										
Oglethorpe			1							2
Paulding	4									4
Peach	8		2							10
Pickens	5									5
Pierce	5									5
Pike	1									1
Polk	13		1							14
Pulaski	5									5
Putnam	1		1							2
Quitman										
Rabun	3		1							4
Randolph	5									5
Richmond	27	82	70	37	30	32	23	10	6	442
Rockdale	2									3
Schley	1									1
Screven	5		1							6
Seminole	5	1								6
Spalding	7	5	6	4	3	1	2	3		36
Stephens	8	1	3	4	2			1		21
Steward	3									3
Sumter	4	3	3	1	1		1			15
Talbot	2	1								3
Taliaferro										
Tattnall	3									4
Taylor	3									3
Telfair	6									6
Terrell	4									5
Thomas	9	6	6	2	2	1	3	1		40
Tift	10	1	1	1	1		1			17
Toombs	6	1	2	1						10
Towns	3									3
Treutlen	2									2
Troup	13	4	8	4	1		3	2		43
Turner	3									3
Twiggs	2									2
Union	3									3
Upson	10	2	2	1	1		2			20
Walker	13	1		1	1					16
Walton	7	1	1				1			10
Ware	11	3	5	2	3	1	2	2		35
Warren	3									3
Washington	10	1								11
Wayne	8		1				1			11
Webster			1							1
Wheeler										
White	5									5
Whitfield	17	3	4	3	3		1	1		35
Wilcox	2									2
Wilkes	5		1							7
Wilkinson	4									4
Worth	6									6

1/ The figures showing the breakdown of patient-care physicians according to selected specialties do not necessarily equal the total number of patient-care physicians in each county, as many specialties are not represented here.

Appendix Table H GEORGIA PHYSICIANS BY PRINCIPAL EMPLOYER (November 1968)

County	Self Employed	Federal			Non-Federal			Medical School	Clinics & Other. Phy.	Phar. Co. & Other Inds.	Research, Ed. Inst., & Inactive
		U.S.P.H.S.	VA & Other Federal Agencies	Armed Services	Non-Fed. P.H. Depts.	Other Non-Fed. Gov. Agencies	Non-Fed. Hosp.				
Appling	5	0	0	0	0	0	0	0	0	0	0
Atkinson	1	0	0	0	0	0	0	0	0	0	0
Bacon	5	0	0	0	0	0	0	0	0	0	0
Baker											
Baldwin	17	0	0	0	2	0	85	0	0	0	2
Banks	1	0	0	0	0	0	0	0	0	0	0
Barrow	7	0	0	0	0	0	1	0	0	0	1
Bartow	8	0	0	0	1	0	0	0	0	0	1
Ben Hill	5	0	0	0	0	0	0	0	0	0	0
Berrien	3	0	0	1	0	0	0	0	0	0	0
Bibb	156	0	0	8	1	0	35	0	1	0	7
Bleckley	2	0	0	0	0	0	0	0	0	0	0
Brantley	1	0	0	0	0	0	0	0	0	0	0
Brooks	5	0	0	1	0	0	0	0	0	0	0
Bryan	1	0	0	0	0	0	0	0	0	0	0
Bulloch	12	0	0	0	0	0	1	0	0	0	3
Burke	7	0	0	0	0	0	1	0	0	0	1
Butts	4	0	0	0	0	0	0	0	0	0	0
Calhoun	3	0	0	0	0	0	0	0	0	0	1
Camden	8	0	0	0	0	0	0	0	0	0	0
Candler	4	0	0	0	0	0	0	0	0	0	0
Carroll	23	0	0	0	0	0	1	0	3	0	0
Catoosa	8	0	0	1	0	0	3	0	0	0	1
Charlton	3	0	0	0	0	0	0	0	0	0	0
Chatham	161	10	0	15	3	1	29	0	6	0	11
Chattahoochee	0	0	0	57	0	0	0	0	0	0	1
Chattooga	5	0	0	0	0	0	2	0	0	0	0
Cherokee	11	0	0	0	0	0	1	0	0	0	0
Clarke	55	0	0	2	1	3	10	3	1	0	2
Clay	2	0	0	0	0	0	0	0	0	0	0
Clayton	20	0	0	1	1	0	1	0	2	0	0
Clinch	4	0	0	0	0	0	0	0	0	0	0
Cobb	117	1	1	2	1	0	7	0	5	5	5
Coffee	9	0	0	0	0	0	0	0	0	0	0
Colquitt	15	0	0	0	0	0	1	0	0	1	1
Columbia	4	0	1	0	0	0	1	0	0	0	0
Cook	4	0	0	0	0	0	0	0	0	0	0
Coweta	17	0	0	1	0	0	1	0	4	1	0
Crawford	1	0	0	1	0	0	0	0	0	0	0
Crisp	10	0	0	2	0	0	0	0	0	0	1
Dade	3	0	0	0	0	0	0	0	0	0	0
Dawson	.	.	.	.	.	.	.	.	.	.	.
Decatur	12	0	0	0	1	0	0	0	0	0	1
DeKalb	160	20	12	12	5	0	93	9	6	1	7
Dodge	7	0	0	0	0	0	0	0	0	0	0
Dooly	4	0	0	0	0	0	0	0	0	0	0
Dougherty	56	0	0	18	0	0	1	0	1	1	3
Douglas	5	0	0	1	1	0	0	0	0	0	0
Early	3	0	0	1	0	0	1	0	0	0	0
Echols	.	.	.	.	.	.	.	.	.	.	.
Effingham	3	0	0	0	0	0	0	0	0	0	0
Elbert	9	0	0	0	0	0	0	0	0	0	1
Emanuel	6	0	0	1	0	0	0	0	1	0	0
Evans	2	0	1	0	0	0	1	0	0	0	0
Fannin	4	0	0	0	0	0	0	0	0	0	1
Fayette	3	0	0	0	0	0	0	0	0	0	0
Floyd	66	0	0	2	2	0	21	0	4	0	3
Forsyth	7	0	0	0	0	0	0	0	0	0	0
Franklin	9	0	0	0	0	0	0	0	0	0	1
Fulton	918	129	69	53	31	11	424	133	62	12	62
Gilmer	0	0	0	0	0	0	0	0	0	0	0
Glascock	1	0	0	0	0	0	0	0	0	0	0
Glynn	47	0	0	4	1	0	1	0	1	0	5
Gordon	9	0	0	1	0	0	0	0	0	0	1
Grady	4	0	0	0	1	0	0	0	0	0	0
Green	6	0	0	0	0	0	0	0	0	0	0
Gwinnett	18	0	0	0	1	0	1	0	1	0	0
Habersham	8	0	0	0	1	0	0	0	1	0	1
Hall	49	0	0	0	1	0	4	0	1	0	2
Hancock	3	0	0	1	0	0	0	0	0	0	1
Haralson	5	0	0	0	0	0	0	0	0	0	0
Harris	3	0	0	0	0	0	1	0	0	0	1
Hart	3	0	0	0	0	0	0	0	0	0	0
Heard	2	0	0	0	0	0	0	0	0	0	0
Henry	4	0	0	0	0	0	0	0	0	0	0
Houston	20	0	1	14	0	0	2	0	1	0	1
Irwin	4	0	0	0	0	0	1	0	0	0	1
Jackson	6	0	0	0	0	0	1	0	0	0	3
Jasper	3	0	0	0	0	0	0	0	0	0	1
Jeff Davis	3	0	0	0	0	0	0	0	0	0	0

Appendix Table H **GEORGIA PHYSICIANS BY PRINCIPAL EMPLOYER (November 1968)**

County	Self Employed	Federal			Non-Federal			Medical School	Clinics & Other. Phy.	Phar. Co. & Other Inds.	Research, Ed. Inst., & Inactive
		U.S.P.H.S.	VA & Other Federal Agencies	Armed Services	Non-Fed. P.H. Depts.	Other Non-Fed. Gov. Agencies	Non-Fed. Hosp.				
Jefferson	9	0	0	0	0	0	0	0	0	0	0
Jenkins	3	0	0	0	0	0	0	0	0	0	0
Johnson	2	0	0	0	0	0	0	0	0	0	0
Jones	2	0	0	0	0	0	0	0	0	0	0
Lamar	5	0	0	0	0	0	0	0	0	0	0
Lanier	2	0	0	0	[illegible]	[illegible]	1	0	0	0	0
Laurens	17	0	23	0	2	0	0	0	0	0	1
Lee	-	-	-	-	-	-	-	-	-	-	-
Liberty	2	0	0	8	0	0	0	0	0	0	0
Lincoln	1	0	0	0	0	0	0	0	0	0	0
Long	-	-	-	-	-	-	-	-	-	-	-
Lowndes	45	0	0	8	1	0	1	0	0	0	2
Lumpkin	2	0	0	0	0	0	0	0	0	0	2
McDuffie	8	0	0	0	0	0	0	0	0	0	0
McIntosh	1	0	0	0	0	0	0	0	0	0	1
Macon	3	0	0	0	0	0	0	0	2	0	0
Madison	1	0	0	0	0	0	0	0	0	0	0
Marion	2	0	0	0	0	0	0	0	0	0	0
Meriwether	8	0	0	0	0	1	7	0	0	0	0
Miller	3	0	0	0	0	0	0	0	0	0	0
Mitchell	7	0	0	0	0	0	0	0	0	0	0
Monroe	4	0	0	0	0	0	0	0	0	0	1
Montgomery	3	0	0	0	0	0	0	0	0	0	0
Morgan	3	0	0	1	0	0	0	0	0	0	0
Murray	5	0	0	0	0	0	0	0	0	0	0
Muscogee	119	2	0	6	2	0	14	1	2	0	4
Newton	8	0	0	0	0	0	0	0	1	0	0
Oconee	-	-	-	-	-	-	-	-	-	-	-
Oglethorpe	1	0	0	0	0	0	1	0	0	0	0
Paulding	4	0	0	0	0	0	0	0	0	0	0
Peach	9	0	0	1	0	0	0	0	0	0	0
Pickens	5	0	0	0	0	0	0	0	0	0	0
Pierce	4	0	0	1	0	0	0	0	0	0	0
Pike	1	0	0	0	0	0	0	0	0	0	0
Polk	14	0	0	0	1	0	0	0	0	0	0
Pulaski	5	0	0	0	0	0	0	0	0	0	0
Putnam	2	0	0	0	0	0	0	0	0	0	0
Quitman	-	-	-	-	-	-	-	-	-	-	-
Rabun	3	0	0	0	0	0	0	0	1	0	2
Randolph	5	0	0	0	0	0	0	0	0	0	0
Richmond	169	1	34	64	6	0	164	102	4	2	9
Rockdale	3	0	0	0	0	0	0	0	0	0	0
Schley	1	0	0	0	0	0	0	0	0	0	0
Screven	6	0	0	0	0	0	0	0	0	0	0
Seminole	5	0	0	0	0	0	0	0	0	0	1
Spalding	31	0	0	2	0	1	2	0	0	0	2
Stephens	11	0	0	0	0	0	0	0	10	0	0
Stewart	3	0	0	0	0	0	0	0	0	0	0
Sumter	14	0	0	1	1	0	0	0	0	0	0
Talbot	2	0	0	1	0	0	0	0	0	0	0
Taliaferro	-	-	-	-	-	-	-	-	-	-	-
Tattnall	3	0	1	0	0	0	1	0	0	0	0
Taylor	3	0	0	0	0	0	0	0	0	0	0
Telfair	6	0	0	0	0	0	0	0	0	0	0
Terrell	5	0	0	0	0	0	0	0	0	0	1
Thomas	35	0	0	2	0	1	4	0	1	0	1
Tift	17	0	0	0	0	0	0	0	0	0	2
Toombs	8	0	0	2	0	0	0	0	0	0	2
Towns	3	0	0	0	0	0	0	0	0	0	0
Treutlen	2	0	0	0	0	0	0	0	0	0	0
Troup	35	0	0	0	1	0	1	0	7	1	0
Turner	3	0	0	0	0	0	0	0	0	0	0
Twiggs	2	0	0	0	0	0	0	0	0	0	0
Union	3	0	0	0	0	0	0	0	0	0	0
Upson	18	0	0	1	0	0	0	0	1	0	0
Walker	16	0	0	0	1	0	0	0	0	0	0
Walton	10	0	0	0	0	0	0	0	0	0	0
Ware	32	0	0	1	1	0	3	0	0	0	0
Warren	2	0	0	1	0	0	0	0	0	0	0
Washington	11	0	0	0	0	0	1	0	0	0	0
Wayne	10	0	0	0	0	0	1	0	0	0	0
Webster	0	0	0	1	0	0	0	0	0	0	0
Wheeler	-	-	-	-	-	-	-	-	-	-	-
White	3	0	0	0	1	0	0	0	2	0	0
Whitfield	31	0	1	1	1	0	0	0	2	0	0
Wilcox	2	0	0	0	0	0	0	0	0	0	0
Wilkes	5	0	0	1	0	0	0	0	1	0	0
Wilkinson	4	0	0	0	0	0	0	0	0	0	0
Worth	6	0	0	0	0	0	0	0	0	0	0

SUMMARY OF ENROLLMENT PROJECTIONS AND ADMISSION POLICIES OF MEDICAL SCHOOLS IN ADJACENT STATES

PRIVATE MEDICAL SCHOOLS:

Duke– Depending on funds available, would increase total enrollment from 338 to 438. Has no restrictions on enrollment of out-of-state students.

Miami–Plans to increase 1968 enrollment by 22 percent by 1972 (337 students to 412). Some restrictions concerning out-of-state students.

Vanderbilt–Increased 1967 entering class by 5 students totaling 60. Plans have been approved to go to 125 entering class but depends on availability of funds to expand facilities. No restrictions.

Meharry–Plans to increase 1968 total enrollment by 29.5 percent by 1973 (261 students to 338). No restrictions.

Bowman-Gray–Plans to increase 1968 entering enrollment by 24 percent by 1969 (61 students to 76). No restrictions.

PUBLIC MEDICAL SCHOOLS:

South Carolina–Plans to increase 1968 entering class by 36.6 percent by 1971 (82 students to 112). 90 percent of entering class must be from South Carolina.

Alabama–Plans to increase 1968 total enrollment by 9 percent by 1971 (331 students to 361). Alabamians given preference.

Florida–Plans to increase 1967 total enrollment by 60 percent by 1975 (234 students to 375). Preference given to Floridians.

North Carolina–Plans to increase 1968 enrollment per class by 166 percent over the next 10 to 12 years depending upon the availability of funds for expansion of facilities and staff (75 students per class to 200 per class). Preference given to North Carolinians.

Tennessee–Admits two classes each year of 95 students (190 total). Regularly progressing students graduate in 39 months. No plans to increase enrollments in the near future. Ninety percent of admissions must be from Tennessee.

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